PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1459

			or <u>Fax</u> (5	571)-273-2885	ia 22515-1450	
INSTRUCTIONS: This appropriate. All further indicated unless correct maintenance fee notifica	form should be used correspondence includi ed below or directed of tions.	for transmitting the ISS ing the Patent, advance herwise in Block 1, by	SUE FEE and PUBLICA orders and notification of (a) specifying a new con	TION FEE (if require maintenance fees will respondence address; an	d). Blocks 1 through 5 : be mailed to the curren ad/or (b) indicating a sep	should be completed whe correspondence address arate "FEE ADDRESS" f
CURRENT CORRESPONDENCE ADDRESS (Note: Use Block 1 for any change of address)				Note: A certificate of mailing can only be used for domestic mailings of th Fee(s) Transmittal. This certificate cannot be used for any other accompanyin papers. Each additional paper, such as an assignment or formal drawing, mur have its own certificate of mailing or transmission.		
HESLIN ROTI 5 COLUMBIA (ALBANY, NY	HENBERG FARI	3/2008 LEY & MESITI P		Cortif	icate of Mailing on Trans	
ALDANI, NI	12203		Γ	Victor,A. Carde		(Dopositor's name
			<u> </u>	VICTOR CARGONA		(Signature
				December 23	2008	(Date
APPLICATION NO.	FILING DATE	T	FIRST NAMED INVENTO	R A	TTORNEY DOCKET NO.	CONFIRMATION NO
10/579,698	10/579,698 03/19/2007		Donald Stuart Miller 1679,024			9584
TITLE OF INVENTION	: ABRASIVE ENTRAI	NMENT			(TMG/SS/P71496US	
APPLN, TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FI	EE TOTAL FRE(S) DUE	DATE DUE
nonprovisional	YES	\$755	\$300	\$0	\$1055	02/03/2009
EXAMINER ART UNIT			CLASS-SUBCLASS			
NGUYEN,	DUNG V	3723	451-005000			
Change of corresponde CFR 1.363). Change of corresponders form PTO/SE "Fee Address" indipto/SDB47; Rev 03-0 Number is required.	ondence address (or Cha 1/122) attached		(1) the names of up or agents OR, alterna (2) the name of a sing registered attorney of 2 registered patent att	2. For printing on the patient front page, list (1) the name of the to 3 registered parent attorneys or agents OR, alternatively. (2) the name of a singel firm (having as a member a 2 registered patient automity or agents. If no name is listed, on name will be printed.		
3. ASSIGNEE NAME AI PLEASE NOTE: Unl recordation as set forti (A) NAME OF ASSIC	ess an assignee ts ident in 37 CFR 3.11. Comp			patent. If an assignee i assignment.		ocument has been filed fo
Please check the appropri			einted on the patent);	···		·
X Issue Fee	o small entity discount p		A check is enclosed. Payment by credit eard. Form PTO-2038 is attached. After Director is hereby authorized to change the required fee(s), any deficiency, or credit any overpayment, to Deposit Account Number (enclose an extra copy of this form).			
	SMALL ENTITY statu	s. See 37 CFR 1.27.			ENTITY status, See 37 CE	
NOTE: The Issue Fee and interest as shown by the n	Publication Fee (if requeends of the United Sta	aired) will not be accepte tos Patent and Trademarl	d from anyone other than c Office.	the applicant: a register	ed attorney or agent: or th	e assignee or other party i
Authorized Signature	Vint	ACard		Date Decem	ber <u>23,</u> 2008	
Typed or printed name Victor A. Cardona				Registration No. 44,589		
This collection of informa an application. Confidents submitting the completed	tion is required by 37 C ality is governed by 35 application form to the	FR 1.311. The informata U.S.C. 122 and 37 CFR USPTO. Time will vary	on is required to obtain or 1.14. This collection is es	retain a benefit by the p stimated to take 12 min vidual case. Any comm	ublic which is to file (and ites to complete, including ents on the amount of the	by the USPTO to process g gathering, preparing, and

this form and/or suggestions for reducing his budges, should be sent to the first post of the Hallmann and the suggestions for reducing his budges, should be sent to the fill information of the Hallmann and the

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.